

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living

DSL-31 (Rev. 02/2001)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements

Wisconsin Statutes. S. 46.031(2)(c)(2)

CORE HUMAN SERVICES REPORTING SYSTEM

CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)**Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).**

Episode Key		1 Worker ID			2a Social Security Number			2b Client ID		
3a Last Name			3b First Name			3c MI	3d Suffix	4 Birthdate (mm / dd / yyyy)		5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaskan Native W = White			7 Client Characteristics					

OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)

8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone Number ()			
9 Start Date		10 Case Review Date		11 Diagnosis		12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	

CLIENT SERVICE - Screen 14

Prog. No. (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date mm yyyy	21 SPC Start Date	22 SPC End Date	23 Provider Number	24 SPC Review Date mm yyyy

Shaded areas optional.

*Days of care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.

Exclude SPCs 201, 203, 204 and 504 where days are calculated in the module.